

Health and Human Services Agency

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Health and Human Services Agency Summary



Agency Description

The Health and Human Services Agency promotes safe, healthy, and thriving communities by providing a broad range of health and social services. Clients include: indigent or low-income individuals who receive health and behavioral health care; seniors needing in-home help to maintain their independence; abused and neglected children and seniors; families transitioning from welfare to work; and the general public that relies on government for health education and coordination of regional responses to public health threats and other emergencies. Organized into six geographic regions, the Agency's service delivery system reflects a community-based approach using public-private partnerships to meet family needs.

The Agency's Operational Plan has been restructured to promote and maintain accountability and transparency of services and operations to the public. The previous structure displayed services in broad categories or programs. Those categories—Illness Prevention and Independence, Self Sufficiency and Personal Responsibility, Safe Communities, Healthy Communities and Healthy Behaviors, and Lifestyles—have been replaced.

The new structure displays services as they appear in the Agency's organizational structure—by division. All divisions are listed as "departments" for Operational planning purposes, with their budgets and staffing laid out in a logical manner by appropriate organizational unit. Three divisions that stand on their own include Aging and Independence Services, Child Welfare Services, and Public Health Services. Special clusters of divisions include: Regional Operations (the six regions and the Agency-wide programs that are budgeted there), Behavioral Health Services (Alcohol and Drugs Services, Adult and Older Adult Mental Health Services, and Children's Mental Health Services divisions), and Administrative Support (Executive Office, Financial and Support Services, Human Resources, Information Technology, Strategy & Planning, and First 5 Commission staffing). Finally, the Policy and Program and Support division will now be known as Regional Program Support to better reflect its purpose and mission in supporting or administering services that are delivered by or closely linked with regional operations.

Vision Statement

Safe, healthy, and thriving communities.



2003-04 Accomplishments

Strategic Initiative – Kids

- Fully immunized 88% of 2,403 two-year-old children served by the regional public health centers, exceeding the State (76%) and national (73%) rates.
- Found placements within their own geographic communities for 63% of 1,004 children who were removed from their home and placed in licensed foster care, allowing these children to preserve community and school connections.
- Established a Countywide Domestic Violence hotline in October 2003, referring 1,000 callers to emergency shelter, counseling, legal and other domestic violence services. Children and youth were also referred to services to address the effects of exposure to violence occurring in their families.
- Provided school-based mental health services at 252 schools, an increase from 235 schools last year, including assessments, treatment, medication and case management.
- Converted 80% of 1,500 California Work Opportunities and Responsibility to Kids (CalWORKs) recipients who exit welfare each month, to Medi-Cal, promoting access to health care among the low-income working population.

Strategic Initiative – Safe and Livable Communities

- Responded to Firestorm 2003 by providing Emergency Medical Services support, deploying 85 nurses and more than 300 crisis counselors at evacuation shelters, and coordinating Health and Human Services Agency (HHSA) services at three Local Assistance Centers, including distribution of \$371,000 in Disaster Food Stamps for 1,059 households and providing child care for 650 children.

- Responded to and initiated an investigation of 97% of 155 cases within 24 hours of report for selected diseases, including the E. coli outbreak which required coordination with the County Department of Environmental Health and the State.
- Obtained \$8.6 million in grants or revenues for 56 Agency and community programs from federal agencies, and corporate and private foundations.
- Received and responded to 68,308 calls, including reports of elder abuse, through the Aging and Independence Services Call Center, which serves as the information and referral system for older adults, persons with disabilities and their families.
- Provided 30,000 eligible adults access to mental health outpatient treatment within an average of nine days, exceeding the goal of 28 days.

Required Discipline – Fiscal Stability

- Reduced by 15% (over \$180,000 in savings) the claims for work-related injuries through safety training and workplace assessments.

Required Discipline – Continuous Improvement

- Issued 92.7% of Food Stamp benefits efficiently and accurately to 30,500 eligible households.

2004-06 Objectives

Strategic Initiative – Kids

- Provide free tax preparation services to 2,000 low-income residents for the Earned Income Tax Credit (EITC) program, returning \$3.0 million in tax dollars back to the community.
- Increase by 1% or 2,225 (from 222,522 to 224,747) the number of eligible children enrolled in Medi-Cal and Healthy Families to enhance access to physical and dental prevention and treatment services.



- Strengthen Child Welfare Services by managing to achieve State and federal accountability outcomes for the safety, permanency and the well-being of children.
- Place 50% of an estimated 8,000 participants in the Welfare-to-Work program each month in unsubsidized employment.

Strategic Initiative – Safe and Livable Communities

- Conduct three drills or exercises with public health staff and community partners to evaluate and enhance the County's level of preparedness for public health hazards.
- Ensure 90% of contacts to infectious TB cases are evaluated, according to federal standards, to prevent the spread of this communicable disease.
- Begin construction of the Edgemoor Healthcare Campus, which will house 192 residents, and improve the quality of life for these patients.

Required Discipline – Fiscal Stability

- Manage better with fewer resources by strengthening Agency revenue management and developing performance work statements for 10% of those contracts identified in a performance-based services contracting plan.

Required Discipline – Regional Leadership

- Begin the integration of mental health and alcohol and other drug services into a behavioral health system, responsive to the needs of children and adults with both substance abuse and mental health problems.

Required Discipline – Continuous Improvement

- Achieve an accuracy rate of 94% in Food Stamp benefit dollars issued to more than 30,000 households.

Changes from 2003-04 Adopted

Overview

The Health and Human Services Agency's Adopted Fiscal Year 2004-05 plan includes appropriations of \$1.8 billion, approximately the same level as Fiscal Year 2003-04. The plan includes reductions and shifts in the utilization of resources due primarily to the limitations of State and federal funding.

Ninety percent (90%) of the Agency's funding comes from State and federal revenue. The State continues its dire fiscal crisis. Even with the March 2004 passage of the Governor's debt bond (Propositions 57 and 58), the State faces a significant budget deficit.

The County is required to administer the State's programs. When the State is unable to adequately fund those programs, reductions must be taken to address the continuing and increasing gap between revenues and expenditures.

In reviewing programs and developing the Operational Plan, the Agency sought the advice of Agency citizen advisory boards on establishing funding priorities. In addition, regional forums were held to allow input by interested parties. Where possible, the Agency attempted to allocate resources based on the following principles and guidelines:

- Maintain core, priority and mandated programs and activities.
- Align resources to support the County and the Agency Strategic Plans, with a focus on Kids, the Environment, and Safe and Livable Communities.
- Use one-time resources for one-time costs, not ongoing expenses.
- Use evaluation or outcome data in sustaining programs or minimizing reductions.
- Preserve funding that "matches" or leverages other dollars.



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Significant changes include a reduction of 433.65 staff years and a slight reduction in contracted services. These reductions are due to reduced State funding for specific programs, inadequate State funding to support increasing cost of doing business and caseload growth, and the State's failure to provide funding for mandated services. It may be necessary to address additional changes throughout the year. Services or functions that will be eliminated or reduced in Fiscal Year 2004-05 include:

- Reduction in staff to the Family Resource Centers who make eligibility determinations for CalWORKs and Food Stamp programs. This impact should be partially mitigated by reduced workload as a result of a change to State requirements, but could also result in increased wait times.
- Reduction in Child Welfare Services staff, including regional, residential, and central support staff to social workers, and supervisory and management staff. This will result in elimination or reduction of discretionary, non-mandated levels of service.
- Reduction in Adoptions staff with potential for reduced adoptive placements, and reduction in the day treatment program at the Polinsky Children's Center.
- Reduction in the number of beds in long-term care facilities for people with psychiatric disorders, and transitioning of day rehabilitation clients to less intensive levels of mental health care in the community.
- Reduction in several alcohol and drug treatment facilities, and reduction of Proposition 36 treatment services to County probationers and State parolees in lieu of incarceration.
- Reduction in services to some children and youth with serious emotional disorders in the Children's Mental Health Initiative, and reduction in outpatient, forensic mental health, and inpatient capacity for Children's Mental Health.

- Reduction or elimination of several juvenile justice and delinquency prevention programs, and elimination of re-entry services to ex-offender clients.
- Reduction in public health promotions and community planning activities, including chronic disease prevention activities.
- Reduction in administrative and support functions in every Agency region and division.

Also included in the Operational Plan are provisions for managed competition of selected Mental Health Services. However, the staff reductions in Behavioral Health Services are a consequence of funding reductions and not due to the Agency conducting these managed competitions.

Realignment Funding Changes

In 1991, the State legislature realigned Health, Mental Health, and Social Services programs, which shifted a larger share of financial responsibility for these programs to counties. To fund these increased costs, counties received dedicated sales tax revenues and motor vehicle license fees, which is known as Realignment funding. Growth in this funding source was intended to be sufficient to fund ongoing costs and caseload growth in these realigned programs.

Due to continuing difficulties with the economy and other factors that have contributed to a slower growth in revenues, Realignment Revenue has not kept pace with program growth and is projected to increase minimally for Fiscal Year 2004-05. This is the third consecutive year that this revenue source has not been sufficient to fund the growth of mandated entitlement programs.

Tobacco Settlement Funds

The securitization of Tobacco Settlement funds provides \$27.3 million annually to the County of San Diego for a 25-year period. The Special Revenue fund reflects this amount for Fiscal Year 2004-05 for use by programs and an unallocated reserve. The unallocated portion of the funding



is held as a contingency reserve, pending changing needs in the community. If the reserve is needed, Board approval will be sought.



Health and Human Services Agency Summary

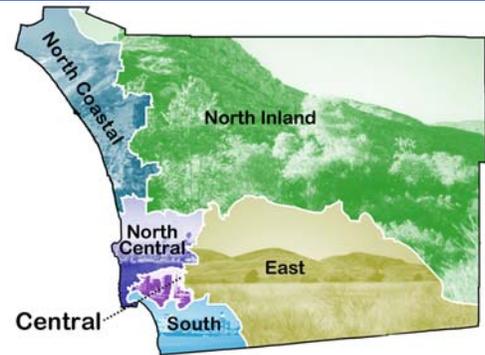
Staffing by Department

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Regional Operations	2,845.16	2,663.75	2,663.75
Regional Program Support	185.00	137.00	137.00
Aging and Independence Services	744.50	715.50	715.50
Behavioral Health Services	674.49	639.00	639.00
Child Welfare Services	841.25	746.00	746.00
Public Health Services	398.87	377.87	377.87
Administrative Support	365.00	341.50	341.50
Total	6,054.27	5,620.62	5,620.62

Expenditures by Department

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Regional Operations	465,116,729	374,191,186	467,224,464	467,062,236
Regional Program Support	96,788,949	134,534,842	91,080,554	90,880,452
Aging and Independence Services	242,707,678	241,964,156	245,282,918	244,713,671
Behavioral Health Services	265,321,778	252,140,495	261,219,332	253,749,851
Child Welfare Services	214,122,192	214,911,268	230,268,230	228,808,953
Public Health Services	79,333,350	80,951,979	78,114,410	78,704,705
Administrative Support	62,197,409	55,303,950	64,065,115	61,374,062
Realignment Revenue Funds	281,603,984	263,485,945	286,479,064	284,913,344
Tobacco Settlement Funds	36,937,641	24,082,731	27,300,000	27,300,000
Total	\$ 1,744,129,710	\$ 1,641,566,556	\$ 1,751,034,087	\$ 1,737,507,274

Regional Operations



Department Description

The hallmark of the Health and Human Services Agency is its commitment to a service delivery system that is regionalized and accessible, community-based and customer-oriented. Organized into six geographic service regions, the Agency's service delivery system reflects a community-based approach using public/private partnerships to meet the needs of families in San Diego County. Public health nurses, mental health workers, social workers, and human services assistants serve clients in an integrated fashion, often alongside other public and private service providers, treating families and individuals in need as our customers.

Specific program revenues that are budgeted in all regions include: Child Welfare Services, Family Resource Centers/Assistance Payments, Public Health Services (including Public Health Centers), Community Health Promotions, Geographic Information Systems technology and Welfare-to-Work/Employment Administration. Some regions also manage programs that are administered beyond regional boundaries, as reflected in the sections below, and in the Appendix - Health and Human Services Agency – Regional Operations on page 445.

Mission Statement

To make people's lives safer, healthier and self-sufficient by managing essential services.

2003-04 Accomplishments – All Regions

Strategic Initiative – Kids

- Reached total enrollment of 222,522 for children in Healthy Families and Medi-Cal, an additional 2,522 children with health care coverage.
- Placed 45% of the 8,000 Welfare-to-Work participants each month in unsubsidized employment.
- Secured stable employment for 88% of the 500 Welfare-to-Work participants exiting cash assistance each month, as indicated by their remaining off aid for six months.
- Provided free tax preparation services to 2,000 low-income residents for the Earned Income Tax Credit (EITC) program, promoting self-sufficiency by returning \$3.0 million in tax credits and refunds to the community. This is a Countywide expansion of this program, originally piloted in the Central, North Coastal and North Inland Regions.
- Ensured that 99% of 60,000 payments to cover child care services to California Work Opportunities and Responsibility to Kids (CalWORKs) families and other low-income eligible families were made in a timely fashion (within 10 days of receipt of claim).
- Converted 80% of 1,500 CalWORKs recipients who exit welfare each month to Medi-Cal in order to promote access to health care among the low-income, working population.
- Responded within 24 hours to 96% of 4,607 urgent referrals assigned to Child Welfare Services.
- Ensured 96% of 4,200 foster children in permanent placement received a visit from a caseworker every two months to ensure quality of care.



Regional Operations

- Found placements within their own geographic communities for 63% of 1,004 children who were removed from their home and placed in licensed foster care, helping these children preserve community and school connections and stabilizing the average daily population at the Polinsky Children's Center at 120 children.
- Reduced at-risk behaviors and contact with the juvenile justice system in 93% of 3,000 youth participating in the Critical Hours after-school program.

Strategic Initiative – Safe and Livable Communities

- Linked 53,303 clients to appropriate health and social services through Information and Referral Services (IRS), which is 80% of those who accessed this service.
- Responded to Firestorm 2003 by distributing \$371,000 in Disaster Food Stamps for 1,059 households, and providing emergency childcare for 650 children, at 3 Local Assistance Centers in Valley Center, Ramona and Julian.

Required Discipline – Continuous Improvement

- Issued 92.7% of Food Stamp benefits efficiently and accurately to 30,500 eligible households in order to help low-income families maintain self-sufficiency.

2004-06 Objectives – All Regions

Strategic Initiative – Kids

- Increase by 1% or 2,225 (from 222,522 to 224,747), the number of eligible children enrolled in Medi-Cal and Healthy Families to enhance access to physical and dental prevention and treatment services.
- Provide 2,000 low-income, working families free tax preparation assistance for the Earned Income Tax Credit program, returning \$3.0 million in tax credits and refunds back to the community.
- Place 50% of an estimated 8,000 Welfare-to-Work participants each month in unsubsidized employment.

- Secure stable employment for 90% of the estimated 500 Welfare-to-Work participants exiting cash assistance each month, as indicated by their remaining off aid for 6 months.
- Ensure that 97% of about 60,000 payments to cover child care services to CalWORKs families and or/other low-income eligible families are made in a timely fashion.
- Ensure that at least 80% of about 1,500 CalWORKs recipients who exit welfare each month convert to ongoing Medi-Cal, promoting access to health care.
- Respond in a timely manner to 94.4% of the total number of hotline referrals in order to assist children in need of protective services.
- Place 50% of all foster children in their own geographic community when entering licensed foster care.
- Reduce at-risk behaviors and contact with the juvenile justice system in at least 80% of about 3,000 youth participating in the Critical Hours after-school program.

Required Discipline – Continuous Improvement

- Achieve an accuracy rate of 94% in Food Stamp benefit dollars issued to more than 30,000 households.
- Achieve full compliance with new statewide Medi-Cal performance standards by maintaining timely processing of 90% of more than 15,000 general applications and redeterminations monthly for Medi-Cal, including applications for the disabled.

Central Region

The Central Region is located within the City of San Diego, and comprises 48 neighborhood communities. Home to approximately 477,000 residents, the ethnic/racial makeup of the region is 39.4% Hispanic, 28.9% White, 14.5% African-American, 12.8% Asian, 0.4% Native American and 4.0% Other. The Central Region is one of two regions in which County staff administers Welfare-to-Work



services, and also manages the Community Action Partnership, providing a variety of social services to low-income families and at-risk youth.

2003-04 Accomplishments

Strategic Initiative – Kids

- Enrolled 90 children into Medi-Cal through enhanced partnerships with local elementary and pre-schools as part of the Express Lane Eligibility pilot program.
- Prevented additional contacts with the juvenile justice system among 89% of 1,500 at-risk youth who participated in the Juvenile Diversion Program.
- Provided 1,634 nights of shelter and case management to 147 runaway youth through community-based services.
- Improved safety of infants and young children from vehicle accidents through the distribution of 1,412 car safety seats to low-income families.
- Formed a special team to address the problem of Welfare-to-Work clients sanctioned for not complying with work participation and other requirements; 95% of 240 sanctioned clients came into compliance as a result of the team's efforts.
- Provided employment preparation services to 30 high school students and provided four high school students unpaid internships.
- Established a mentorship program in four schools for students interested in health careers.

Strategic Initiative – Safe and Livable Communities

- Provided emergency shelter to approximately 500 homeless clients, and case management services to 1,248 clients.
- Successfully reached agreement in 86% of 1,067 disputes through mediation, reducing the caseload in the local court system and providing an alternative way for parties to resolve disputes.

- Obtained \$100,000 from Kaiser Permanente Hospital to provide nutritional information in two charter schools, promoting healthier eating habits among children.
- Achieved a 99% employment rate among 205 refugees who completed training through the Refugee Employment Services Program.

2004-06 Objectives

Strategic Initiative – Kids

- Ensure that 80% of families at risk for domestic violence, which receive case management services through the Community Services for Families program, do not experience an episode of domestic violence while the case remains open.
- Reduce the incidence of homelessness by ensuring that 50% of families with children receiving case management services through the Community Services for Families program do not experience a homeless episode.
- Increase the placement of children in homes within their own geographic communities by achieving a 10% increase in the number of licensed foster homes in those zip codes where the removal rate for children for child abuse and neglect is highest.
- Ensure that 80% of an estimated 1,500 youth who receive juvenile diversion services have no contact with the juvenile justice system for at least 6 months after the closing of their case.

Strategic Initiative – Safe and Livable Communities

- Ensure that 90% of about 200 refugees who complete training and/or job search are employed.
- Reduce the number of local court cases by successfully reaching agreement in 80% of an estimated 1,600 cases through dispute mediation.



- Provide case management services to 1,200 homeless families, and emergency shelter to approximately 500 clients.

East Region

The East Region is a mixture of urban and rural communities, as well as several Native American reservations located in the rural areas. Home to approximately 453,000 people, the ethnic/racial makeup of the region is 67.7% White, 18.9% Hispanic, 5.1% African-American, 3.4% Asian, 0.8% Native American, and 4.1% Other. East Region administers the Nurse Family Partnership, a program helping first-time low-income parents succeed. East Region also administers Childcare subsidy payments to assist low-income families, many in transition from welfare to work.

2003-04 Accomplishments

Strategic Initiative – Kids

- Improved on a wide range of outcomes for low-income mothers and their children through the Nurse-Family Partnership home visitation program, serving more than 315 families in East and Central Regions (see below):
 - Achieved full-term pregnancies among 89% of 229 mothers served; 92% of 239 infants had normal birth weights.
 - Achieved a high level of compliance on immunizations for young children served by the program (99% of 56 children, two years and younger).
 - Reduced rates of childhood injury, abuse and neglect as reflected in reducing emergency room visits. No emergency room visits reported for 55% of 40 families.
 - Decreased smoking and alcohol use by pregnant women by 39% from the time they began participating in the program to 36 weeks of pregnancy.

- Expanded partnership with five schools to strengthen family support through the Neighborhood for Kids program. A wide range of activities include:
 - Launched first Child Welfare Services pilot in 25 Santee/Lakeside schools, featuring education and community awareness activities that included intergenerational programs.
 - Implemented regional San Diego State University (SDSU) School of Social Work intern pilot to build, by an additional 15 student interns, child welfare services capacity.
 - Created an additional school-based SDSU School of Nursing Intern lab, resulting in 20 nursing students being available in the schools to provide information about public health services.
 - Ensured accessibility and continuity of care for youth to adolescent drug treatment by having eligibility staff process applications for coverage on-site at a provider's treatment facility.
 - Minimized the trauma to 140 abused and neglected children by placing 80% of these children in local foster homes ("Way Station" beds) where most of them could attend the same school.

2004-06 Objectives

Strategic Initiative – Kids

- Ensure that 94% of an estimated 300 mothers deliver a child with normal birth weight through the Nurse-Family Partnership Program. Other outcomes to be achieved through this program are:
 - Ensure that 91% of mothers have full-term pregnancies (at least 37 weeks).
 - Ensure that 80% of mothers who have given birth while enrolled in the program will not experience a subsequent pregnancy within two years of the preceding birth.
 - Decrease smoking and alcohol use by 41% of mothers.



- Ensure that 66% of mothers breastfeed their infants following birth and continue for at least six months.
- Minimize trauma to foster children by increasing by two (or 10%) the number of local foster care homes where children can be received immediately after their removal (“Way Station” beds); increasing by 10% the number of approved kinship homes so that children can stay in their current schools, and; increasing by 10% both the number of licensed foster homes and active foster homes.

North Central Region

The North Central Region is located within the City of San Diego, and comprises 38 diverse communities. Home to approximately 564,000 residents, the ethnic/racial make up is 66.2% White, 13.9% Asian, 12% Hispanic, 3.4% African-American, 0.3% Native American, and 4.2% Other. The Marine Corps Recruit Depot and military housing are part of the region. North Central Region manages the Hospital Outstation program, which provides critically ill patients access to Medi-Cal eligibility determination and health care, and, beginning Fiscal Year 2004-05, the California Children Services program, which provides assessments for supplemental health care to seriously ill children.

2003-04 Accomplishments

Strategic Initiative – Kids

- Trained more than 100 police officers through a partnership with the San Diego Police Department, under the Drug Endangered Children (DEC) program to identify and assess children who are neglected or abused. Through the DEC program, social workers accompany police on drug raids to provide immediate assessments and services to children.

- Helped secure additional funding for three adolescent treatment facilities by obtaining Medi-Cal coverage for 65 youth who were served at these facilities. These facilities would have closed without the additional funding.

Strategic Initiative – Safe and Livable Communities

- Provided 475 depression screenings to adults, resulting in referrals for follow-up mental health services for 8% of those screened.

2004-06 Objectives

Strategic Initiative – Kids

- Enhance quality of care for at-risk youth in the dependency system by ensuring public health nurses respond to 100% of referrals for children under the Drug Endangered Children Program.
- Increase by eight additional homes (20%) the number of foster homes in four communities where the removal rates are highest. This strategy reduces the trauma children experience upon removal from their home by preserving community and school connections.
- Pilot an initiative to secure at least two foster homes that will accept emergency placements of children from the community, advancing early intervention and community-based services for children.

Strategic Initiative – Safe and Livable Communities

- Implement the County Medical Services Recovery pilot program to recover County funds by processing Medi-Cal applications for indigent adults who do not have health insurance coverage.
- Support community collaboratives in their efforts to address the problem of contracting Human Immunodeficiency Virus (HIV) through drug use by providing a public health intern to assist with three educational sessions in Fiscal Year 2004-05.



North Coastal Region

The North Coastal Region consists of six cities and more than a dozen communities. Home to approximately 497,000 people, the ethnic/racial makeup of the region is 62.1% white, 25.5% Hispanic, 4.2% Asian, 4% African-American, 0.6% Hawaiian/Pacific Islander, 0.4% Native American and 3.2% Other. The U.S. Marine Corps' largest installation, Camp Pendleton, is located in the northwest corner of the region. The North Coastal Region is one of two regions that administer Welfare-to-Work and other employment services.

2003-04 Accomplishments

Strategic Initiative – Kids

- Ensured that 61% of about 500 single parent participants enrolled each month in the Welfare-to-Work program participated in approved work activities 128 hours per month.
- Raised more than \$7,000 for the North County Foster Parent Association at the 7th Annual Big Band Concert and Dance, a combined effort by North Inland and North Coastal Regions.

2004-06 Objectives

Strategic Initiative – Kids

- Increase by 10% to about 55 the number of children receiving dental care services through Share the Care Dental Initiative.
- Ensure that at least 60% of about 500 single parents enrolled each month in Welfare-to-Work participate in approved work activities a minimum of 128 hours per month.
- Ensure that at least 50% of an estimated 400 foster children entering the Child Assessment Network North receive a long-term placement evaluation to ensure the best possible placement.

North Inland Region

The North Inland Region includes four cities and dozens of communities encompassing suburban cities, remote desert communities, historic mountain towns, rural homes and farms, and numerous Indian reservations. The region's eastern border is the Imperial County line. Home to approximately 504,000 residents, the ethnic/racial makeup of the region is 61.6% white, 25.1% Hispanic, 7.7% Asian, 1.8% African-American, 0.9% Native American and 2.9% Other.

2003-04 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Created and distributed “Access to Healthcare Referral Toolkits” to 45 Agency programs and community agencies in both North Coastal and North Inland Regions.

2004-06 Objectives

Strategic Initiative – Kids

- Increase by 10% to about 50 the number of children receiving dental care services through Share the Care Dental Initiative.
- Ensure that at least 50% of an estimated 350 foster children entering the Child Assessment Network North receive a long-term placement evaluation to ensure the best possible placement.

South Region

The South Region has four cities and seven communities and borders with the country of Mexico. Home to approximately 414,000 residents, the ethnic/racial makeup of the region is 51.6% Hispanic, 28.5% White, 11.5% Asian, 4.8% African-American, and 3.6% Other. The South Region includes the Countywide Office of Violence Prevention, which manages contracts providing domestic violence services, Critical Hours after-school programs, Juvenile Diversion programs for at-risk youth, and other



prevention services. Beginning Fiscal Year 2004-05, the California Children Services Program, which had been administered by South Region, will be administered by North Central Region.

2003-04 Accomplishments

Strategic Initiative – Kids

- Established a Countywide Domestic Violence hotline in October 2003, referring 1,000 callers to emergency shelter, counseling, legal and other domestic violence services. Children and youth were also referred to services to address the effects of exposure to violence occurring in their families.
- Trained 80 middle school youth and personnel in peer abuse prevention and trained 153 high school youth and personnel in dating violence prevention.
- Increased efficiencies in processing of new referrals of seriously ill children to the California Children Services program by establishing an on-site nursing team at Children's Hospital to process more than 1,800 referrals.
- Recruited 40 new licensed foster families. Placed more than 65% of 96 newly placed foster children within their own geographic community, reducing the trauma these children experience by preserving community and school connections.
- Established the South Region Teen Pregnancy Prevention Coalition, a partnership of 13 local community-based organizations and schools to strengthen teen pregnancy prevention program planning.

2004-06 Objectives

Strategic Initiative – Kids

- Train 100 middle school youth and personnel in peer abuse prevention and trained 200 high school youth and personnel in dating violence prevention.

- Assess children for exposure to violence in 75% of families for which there was a Domestic Violence Response Team response, and refer these families to appropriate support services.

Changes from 2003-04 Adopted

Staffing

Includes a net staffing reduction of 181.41 staff years due to reductions in State funding for specific programs, inadequate State funding to support the increased cost of doing business, and caseload growth. Every region will undergo a reduction in administrative, analytic, and support functions, and other impacts as detailed below.

The Health and Human Services Agency (HHSA) has restructured the budget for direct staff in the Family Resource Centers and the Regional Child Welfare Services. Staff from these programs were moved out of the specific regional organizational units and moved into two newly created organizational units. This restructure allows for the better financial management of these activities and has no impact in the delivery of services to clients.

- Adds 5.00 staff years in California Children Services due to State compliance mandates.
- Staff changes due to re-organization:
 - Transfer out of 6.00 staff years from Regional Operations to Alcohol & Other Drug Services.
 - Transfer in of 45.00 staff years from Regional Program Support to Regional Operations, Fraud and Integrity staff, due to re-structuring, with no impact to service delivery.
- Staff changes due to State funding limitations and increased cost of doing business:
 - Reduction of 81.66 staff years in the Family Resource Centers – which will primarily impact the CalWORKs and Food Stamp eligibility services. This impact should be partially mitigated by reduced



Regional Operations

workload as a result of a change to State requirements, but could also result in increased wait times.

- Reduction of 57.00 staff years in Regional Child Welfare Services. The reduction includes regional child welfare services staff that provides support to social workers, assisting with transportation of children, visitation of families, and entry of casework data into the child welfare management information system.
- Reduction of 51.00 staff years in the Welfare to Work Program.
- Reduction of 13.50 staff years in Child Care Services.
- Reduction of 8.00 staff years in Administration.
- Reduction of 7.25 staff years in Regional Health Services.
- Reduction of 7.00 staff years in Community Action Partnership. The impact of these reductions includes the elimination of re-entry services to ex-offender clients.

Expenditures

Includes net expenditure increases of \$2.1 million:

- \$8.0 million net increase in Salaries and Benefits due to negotiated salary and benefit increases.
- \$3.0 million net decrease in Services and Supplies due primarily to reductions in Welfare-to-Work Employment Contracts for the regions and the move of Child Abuse Prevention and Treatment contracts to the Administrative Support Program.

- \$2.9 million net decrease in Other Charges due to the decrease in East Region Child Care Participant Benefits of \$3.8 million, and an increase in California Children Services payments of \$1.0 million.

Revenues

Net revenue increases of \$2.1 million:

- \$1.0 million net increase in Intergovernmental Revenues includes increases in California Children Services funding and decreases in Social Service and Health revenues to align with projected State allocations.
- \$0.7 million reduction in Charges for Current Services due to the transfer of the Child Abuse Prevention and Treatment contracts to the Administrative Support Program.
- \$0.2 million reduction in Miscellaneous Revenues to align to projected receipts.
- \$3.5 million increase in Other Financing Sources, which are Realignment Funds for the Family Resource Centers, Child Welfare Services, and the California Children Services.
- \$1.5 million decrease in General Purpose Revenue Allocation due to redistribution of revenue throughout HHSA.

Significant Changes in Fiscal Year 2005-06

Expenditures and Revenues will decrease by \$0.2 million with no changes in staffing.



Performance Measures	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
Children enrolled in Medi-Cal and Healthy Families health care coverage	224,400	222,522 ¹	224,747	224,747
Welfare-to-Work participants placed in unsubsidized employment	50%	45% ²	50%	50%
Welfare to Work participants who secure stable employment, remaining off aid for six months	90%	88% ³	90%	90%
CalWORKs clients who exit welfare converted to Medi-Cal coverage	70%	80%	80%	80%
Response to urgent referral for child protective services within 24 hours	95%	96%	94.4% ⁴	94.4% ⁴
Foster children placed in their own geographic community when entering licensed foster care	50%	63%	50%	50%
Tax dollars returned to families and the community through Earned Income Tax Credit Program	N/A	N/A	\$3 million	\$3 million
Timely processing of Medi-Cal applications and redeterminations	N/A	N/A	90%	90%
Food Stamps payment accuracy rate	92%	92.7%	94% ⁵	94% ⁵
Childcare payments to CalWORKs families made within 10 days of receipt of claim (Stage 1)	100%	99% ⁶	97% ⁷	97% ⁷
Youth in Critical Hours program with reduced at-risk behaviors	75%	93%	80% ⁸	80% ⁸
Foster children in permanent placement who are visited by a caseworker every two months*	90%	96%	N/A	N/A
Client accessing Information and Referral Services who were linked to appropriate health and social service resources*	80%	80%	N/A	N/A

* These measures will not be reported in future Operational Plans as the Agency continues to replace some measures with alternative measures that best reflect current strategic priorities.



Regional Operations

¹ At the end of Fiscal Year 2003-04, the number of children enrolled is 222,522, an increase of 2,522 children enrolled from a baseline of 220,000. This is lower than the target of 224,400. Growth in enrollment in Healthy Families was slower than expected and was offset by very little change in Medi-Cal enrollment. Failure of parents to complete the necessary paperwork when enrolling their families or at time of redetermination, the decline in the CalWORKs caseloads and the fact that the remaining population that is not enrolled is harder to reach, are reasons for the decline in Medi-Cal enrollment. The State changed the vendor for processing joint Medi-Cal and Healthy Families applications, resulting in backlogs and lost applications.

² At 48% for Fiscal Year 2003-04, performance is below the 50% target because of more difficult economic conditions this year, and because a greater number of clients were sanctioned for not complying with program requirements. The Agency is undertaking a number of strategies to improve client cooperation in order to reduce sanctions.

³ At 89% estimated for Fiscal Year 2003-04, performance is just short of the target of 90%, and reflects the effectiveness of job training and other services, even though overall unemployment rates have increased in San Diego County as in the rest of the country.

⁴ The 94.4% target is consistent with the framework of Assembly Bill 636, the Child Welfare System Improvement, and Accountability Act of 2001, and reflects Agency efforts to strengthen Child Welfare Services by managing to outcomes that reflect State and federal accountability reforms. Additional discussion of this reform effort appears in the Child Welfare Services section.

⁵ The 94% target for Fiscal Year 2004-05 and Fiscal Year 2005-06 was selected to ensure County accuracy at a level exceeding the national accuracy rate for the federal Fiscal Year 2003-04. The target for Fiscal Year 2005-06 may be adjusted as the national accuracy rate varies from year to year. By undertaking a number of remedial actions, the Agency has improved its accuracy rate considerably over Fiscal Year 2002-03.

⁶ At 99% for Fiscal Year 2003-04, performance is slightly below the 100% target for timely childcare payments. Only several payments were late of a total of 30,000 payments to CalWORKs families, referred to as Stage 1 payments.

⁷ The target for timeliness of childcare payments is being lowered from 100% to 97% because, in Fiscal Years 2004-06, timeliness for an estimated 60,000 payments, including payments to CalWORKs families (referred to as Stage 1 payments) and payments to other low-income eligible families (referred to as Stage 2 payments), will be included in the same measure.

⁸ As a result of the Agency's success in reducing at-risk behaviors among Critical Hours participants, the target was raised for Fiscal Years 2004-06 to 80% from a Fiscal Year 2003-04 target of 75%. The target will be revisited next fiscal year should performance continue to be significantly above target.



Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Regional Self Suffic Elig	—	1,050.00	1,050.00
Regional Child Welfare Svcs	—	609.00	609.00
Central Region	718.91	252.00	252.00
East Region	506.75	199.50	199.50
North Central Region	571.75	315.75	315.75
North Coastal Region	303.50	92.00	92.00
North Inland Region	297.00	68.00	68.00
South Region	447.25	77.50	77.50
Total	2,845.16	2,663.75	2,663.75

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Regional Self Suffic Elig	\$ —	\$ —	\$ 64,740,763	\$ 64,555,719
Regional Child Welfare Svcs	—	—	46,138,579	48,295,622
Central Region	113,773,517	96,912,289	86,921,793	83,950,998
East Region	127,581,891	98,028,765	106,948,632	107,285,123
North Central Region	69,288,290	51,646,051	62,942,222	63,731,704
North Coastal Region	31,894,516	30,162,131	19,923,708	20,112,349
North Inland Region	40,314,475	32,529,239	26,282,249	26,347,957
South Region	82,264,040	64,912,708	53,326,518	52,782,764
Total	\$ 465,116,729	\$ 374,191,186	\$ 467,224,464	\$ 467,062,236

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 169,498,736	\$ 164,940,998	\$ 177,477,164	\$ 181,825,577
Services & Supplies	47,882,445	46,351,165	44,858,138	40,656,098
Other Charges	247,735,548	162,899,032	244,889,162	244,580,561
Operating Transfers Out	—	(10)	—	—
Total	\$ 465,116,729	\$ 374,191,186	\$ 467,224,464	\$ 467,062,236



Regional Operations

Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Licenses Permits & Franchises	879,120	677,074	879,120	879,120
Intergovernmental Revenues	425,103,565	208,399,970	426,055,499	422,451,568
Charges For Current Services	2,271,885	2,375,940	1,611,080	1,611,080
Miscellaneous Revenues	2,999,696	692,087	2,749,125	2,749,125
Other Financing Sources	11,504,636	9,036,589	15,036,365	14,509,354
General Revenue Allocation	22,357,827	153,009,526	20,893,275	24,861,989
Total	\$ 465,116,729	\$ 374,191,186	\$ 467,224,464	\$ 467,062,236

Regional Program Support



Department Description

The Regional Program Support Division provides a wide range of technical, regulatory, and quality assurance services for the administration of programs largely operated by the six Agency regions. These support services are key to the effective administration of California Work Opportunities and Responsibility to Kids (CalWORKs), Medi-Cal, and other self-sufficiency programs. In addition, the Division administers direct services through external contracts with employment case management providers, and hospitals, community clinics and other providers for the County Medical Services program. The four Division sections are Medical Care Program Administration (MCPA), CalWORKs, Quality Assurance and Resource Management, and Child Care/Food Stamps/Civil Rights.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

2003-04 Accomplishments

Strategic Initiative – Kids

- Procured and managed three California Work Opportunities and Responsibility to Kids (CalWORKs) contracts to ensure that key employment outcomes were achieved in four Agency regions.
- Implemented the Transitional Food Stamp program to assist exiting CalWORKs families, resulting in 3,200 families receiving five additional months of continuing assistance.
- Completed 100% of Fiscal Year 2003-04 milestones for the CalWORKs Welfare Information Network, the new State information system for tracking families receiving welfare services, in order to prepare for system implementation.

- Procured \$905,289 from the State Compensation and Retention Encourage Stability (CARES) program in which 332 stipends were issued to childcare providers who took training courses and/or upgraded their child development permits to improve the quality of childcare.
- Reviewed and calculated the amount of time on aid for approximately 10,000 welfare cases involving adults subject to time limits and notified adults of time remaining.
- Provided staff support to the Outreach and Eligibility Subcommittee of the Improving Access to Healthcare (IAH) Project to facilitate activities to increase enrollment in health care programs.

Strategic Initiative – Safe and Livable Communities

- Responded to Firestorm 2003 by coordinating Health and Human Services Agency (HHSA) services provided at three Local Assistance Centers, including distributing \$371,000 in Disaster Food Stamps for 1,059 households and providing childcare for 650 children.
- Improved coordination of medical care for persons with disabilities, through a Memorandum of Understanding implemented by Healthy San Diego, the Medi-Cal managed care system in place for San Diego County.



- Improved patient confidentiality in County Medical Services through implementation of the Health Insurance Portability Accountability Act.

Required Discipline – Fiscal Stability

- Secured an additional \$11.7 million in Medi-Cal Administrative Allocation by achieving State requirements and meeting key State performance measures.

Required Discipline – Accountability/Transparency

- Developed Countywide quality assurance/accountability plan for eligibility program staff to improve caseload management and worker performance.

Required Discipline – Continuous Improvement

- Coordinated regional staff corrective action plans for the Food Stamp program, reviewing training lesson plans to improve payment accuracy rate. Exceeded the Agency goal for benefit payment accuracy.

2004-06 Objectives

Strategic Initiative – Kids

- Re-procure the CalWORKs employment case management contracts to ensure that the County continues to meet aggressive employment outcome goals that promote self-sufficiency.
- Improve the quality of childcare through the CARES program by providing incentives to 350 childcare providers who obtain training and remain at the same childcare centers.
- Meet 95% of milestones for an electronic system for issuance of cash assistance for CalWORKs recipients to reduce administrative costs and eliminate lost and stolen warrants.

Strategic Initiative – Safe and Livable Communities

- Provide key leadership statewide on implementation of Medi-Cal reform efforts, and coordinate County response to proposed changes.
- Promote and ensure patients' choice of health plans by ensuring that no more than 20% of enrollees in Healthy San Diego, the Medi-Cal managed care system in place for San Diego County, fail to choose a health plan.
- Develop strategies to reduce number of County Medical Services patients who access healthcare through emergency rooms by working with community stakeholders.

Required Discipline – Accountability/Transparency

- Implement 97% of all Appeals decisions within mandated timeline received from the Administrative Law Judges to provide case integrity in assistance programs.
- Review 87% of State overpayment evaluation forms within 45 days of receipt to ensure fraud is caught as quickly as possible.
- Create modified database to permit data sharing between various types of quality control reviews, which allows for trend analysis of errors and strengthens worker accountability.

Required Discipline – Continuous Improvement

- Respond to policy inquiries from regional operations staff within 30 days to ensure smooth front-line operations.

Changes from 2003-04 Adopted

Staffing

Includes a reduction of 48.00 staff years which includes a shifting out of 45.00 staff years from Regional Program Support to Regional Operations, Fraud and Integrity staff, due to restructuring, with no impact to service delivery.



The remaining reductions are due to reductions in State funding for specific programs, inadequate State funding to support the increased cost of doing business, and caseload growth.

Expenditure

Contains a net decrease of \$5.7 million:

- \$2.3 million net decrease in Salaries and Benefits due to staff shifts and reductions offset by an increase in negotiated salaries and benefits.
- \$3.4 million decrease in Services and Supplies:
 - \$1.5 million decrease in funding for healthcare for uninsured individuals
 - \$0.7 million decrease due to adjustments made in contracted services in Medical Care Program Administration to align with most recent allocation.
 - \$0.8 million decrease in computer related contracts for the Service Management Access and Resource Tracking (SMART) System due to reduced need for future enhancements and interfaces supporting the Welfare Case Data System and the related Application Services Internal Service Fund (ISF) costs in Information, Assessment and Referral program.
 - \$0.4 million decrease in other Services and Supplies expenditures to align with expected State Budget levels.

Revenue

Includes a net decrease of \$5.7 million:

- \$4.7 million decrease in Intergovernmental Revenues resulting from shifts of staff and aligning revenues with programs in Self-Sufficiency and Child Welfare Service.
- \$1.4 million increase in Charges for Current Services related to an enhanced revenue collection system in Medical Care Program Administration for Third Party Reimbursements.
- \$0.2 million increase in one-time Miscellaneous State Revenues for a Quality Control/Supervisor Case Review Database Project in Fraud and Integrity.
- \$0.5 million decrease in Other Financing Resources resulting from a \$0.5 million decrease in Health Realignment.
- \$2.1 million decrease in General Purpose Revenue Allocation. The negative General Revenue Allocation reflects the centralized budgeting of revenues that support Self-Sufficiency and Child Welfare Services. The budget of these revenues decreased less than the costs budgeted in this program.

Significant Changes in Fiscal Year 2005-06

Expenditures and revenues will decrease by \$0.2 million, with no changes in staffing.



Regional Program Support

Performance Measures*	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
Policy inquiries from regional operations staff responded to within 30 days	N/A	N/A	90%	90%
Child care providers issued stipends	N/A	332	350	350
Milestones for new electronic system for issuing cash assistance achieved	N/A	N/A	95%	95%
Decisions regarding appeals of eligibility determinations implemented within mandated timeframe	N/A	N/A	97%	97%
Evaluations of State overpayment forms completed timely (45 days)	N/A	N/A	87%	87%
Healthy San Diego enrollees who fail to choose a health plan (not to exceed)	N/A	N/A	20%	20%

* For Fiscal Years 2004-06, the Agency has differentiated performance measures between the regions and the Regional Program Support division, which supports Regional Operations. As such, all measures listed above are new measures.



Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Administration	49.00	52.00	52.00
County Medical Services	26.00	25.00	25.00
Self Sufficiency Services and Support	110.00	60.00	60.00
Total	185.00	137.00	137.00

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Administration	\$ 16,136,623	\$ 15,747,178	\$ 15,404,410	\$ 15,514,387
County Medical Services	68,962,468	68,566,190	66,483,159	66,282,069
Child Care Planning Council	1,029,669	986,491	1,009,545	1,009,545
Self Sufficiency Services and Support	10,660,189	49,234,981	8,183,440	8,074,451
Total	\$ 96,788,949	\$ 134,534,842	\$ 91,080,554	\$ 90,880,452

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 12,477,244	\$ 11,986,999	\$ 10,212,096	\$ 10,523,142
Services & Supplies	83,788,347	82,722,664	80,355,100	79,843,952
Other Charges	513,358	39,825,177	513,358	513,358
Capital Assets Equipment	10,000	—	—	—
Total	\$ 96,788,949	\$ 134,534,842	\$ 91,080,554	\$ 90,880,452



Regional Program Support

Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Fines, Forfeitures & Penalties	2,500,000	150,000	2,500,000	2,500,000
Intergovernmental Revenues	34,389,043	156,144,472	29,649,017	29,514,017
Charges For Current Services	2,383,993	4,328,397	3,781,598	3,781,598
Miscellaneous Revenues	999,819	4,203,384	1,224,819	999,819
Other Financing Sources	58,560,671	58,284,839	58,032,639	57,831,549
General Revenue Allocation	(2,044,577)	(88,576,250)	(4,107,519)	(3,746,531)
Total	\$ 96,788,949	\$ 134,534,842	\$ 91,080,554	\$ 90,880,452

Aging & Independence Services



Department Description

Aging & Independence Services (AIS) is committed to improving the lives of seniors and individuals with special needs in San Diego County by providing access to information, case management, health services, advocacy, and community services in a caring and supportive manner. This division serves seniors, disabled adults, abused, elderly and dependent adults, individuals with Human Immunodeficiency Virus (HIV), and others requiring home-based care to prevent institutionalization. AIS also operates the Edgemoor Hospital, a 24-hour skilled nursing facility for patients unable to be cared for in the private sector because of special needs.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

2003-04 Accomplishments

Strategic Initiative – Kids

- Initiated an intergenerational program at San Pasqual Academy, a state-of-the-art residential education campus for foster youth. Currently, 12 older adult mentors matched with youth engage in an array of activities together, while the older adult mentors are provided private housing on campus at a reduced rent.
- Provided technical assistance to community agencies that received \$4 million in funding over three years from the First 5 Commission of San Diego to implement 11 Countywide intergenerational programs. Seniors age 55 and older will serve as mentors to help these children age five and under get ready to enroll in school.

Strategic Initiative – Safe and Livable Communities

- Ensured, through the Adult Protective Services Program (APS), that 80% of 7,500 cases referred were not re-referred for services within six months of the case closing.

- Conducted 93% of 7,000 face-to-face APS investigations within 10 days to protect our most vulnerable seniors.
- Received and responded to 68,308 calls, including reports of elder abuse, through the AIS Call Center, an information and referral system for older adults, persons with disabilities and their families.
- Provided 1,811 volunteers through the Retired & Senior Volunteer Program, at 151 nonprofit organizations and public agencies throughout the County.
- Negotiated a change in the revenue structure with the Superior Court, resulting in a \$100,000 annual increase in estate fee revenue that will benefit the Public Administration/Public Guardian's program for managing the estates of clients.
- Certified 97% of approximately 500 In-Home Supportive Services (IHSS) cases per month within 30 days of application.

2004-06 Objectives

Strategic Initiative – Safe and Livable Communities

- Ensure that Edgemoor Hospital receives a rating in its State annual licensing review indicating substantial compliance.



- Help IHSS clients who currently receive contract services, locate new providers through the IHSS Public Authority when contract services are terminated. Ensure that clients continue to remain in their home instead of being placed in institutions.
- Begin construction of the Edgemoor Healthcare Campus, which will house 192 residents, and improve the quality of life for these patients.
- Ensure that no more than 25% of up to 8,000 APS cases are re-referred within six months of the case closing.
- Ensure that 90% of up to 8,000 face-to-face APS investigations are conducted within 10 days of referral.

Required Discipline – Continuous Improvement

- Review 100% of IHSS cases determining potential eligibility for federal funding through the Personal Care Services program (PCSP). This review will allow the County to leverage federal dollars for IHSS.
- Ensure that the County does not lose more than 30% of approximately 200 appeals of IHSS case actions by having good case documentation, reflecting fair and appropriate eligibility and case management decisions.

Changes from 2003-04 Adopted

Staffing

Includes a staffing reduction of 29.00 staff years due to reductions in State funding for specific programs, inadequate State funding to support the increased cost of doing business, and caseload growth. Reductions made in administrative and support functions, including fiscal support staff in the Public Administrator/Public Guardian program. Also, there are reductions in staff to the Senior Mental Health Team, increasing caseloads for the remainder of the Team.

Expenditures

- Includes expenditure increases of \$2.6 million:

- \$0.8 net increase in Salaries and Benefits due to negotiated salary and benefit increases offset by a reduction of 29.00 staff years.
- \$0.7 million net increase in Services and Supplies:
 - \$1.9 million increase in Edgemoor Contracted Services, Temporary Contract Help, and Medical, Dental and Lab Supplies.
 - \$0.9 million net increase in Caregiver Program.
 - \$0.4 million increase in Senior Nutrition Contracted Services.
 - \$1.8 million decrease due to the elimination of Acquired Immune Deficiency Syndrome (AIDS) Waiver Program.
 - \$0.7 million net decrease in APS contracted services.
- \$1.1 million increase in Operating Transfers Out for IHSS Public Authority due to increased health benefit costs resulting from changes in State Law.

Revenues

Contains revenue increases of \$2.6 million:

- \$0.4 million net increase in Intergovernmental Revenues due to increased funding associated with caseload increases.
- \$5.3 million increase in Charges for Current Services and Other Financing Sources revenues for Edgemoor due to increased reimbursement levels.
- \$0.1 million increase in Miscellaneous Revenues due to increases in IHSS revenues.
- \$3.2 million decrease in General Purpose Revenue Allocation as a result of the State’s shift of local property tax revenue to the Educational Revenue Augmentation Fund (ERAF), and due to shifting of General Purpose Revenues to other programs and divisions within HHSA.



Significant Changes in Fiscal Year 2005-06

Expenditures and revenues will decrease by \$0.6 million, with no change in staffing.

Performance Measures	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
In-Home Supportive Services average number of hours of service per month provided each client (not to exceed)	85 hours	79 hours	85 hours ¹	85 hours ¹
In-Home Supportive Services case actions lost on appeal (not to exceed) ²	N/A	N/A	30%	30%
In-Home Supportive Services cases potentially eligible for PCSP reviewed ²	N/A	N/A	100%	100%
Face-to-face Adult Protective Services Investigations within 10 days	90%	93%	90%	90%
Adult Protective Services clients with closed cases who are not re-referred for a subsequent substantiated event within six months	80%	80%	75%	75%

¹ The target of 85 hours of service per month is based on the State average for the In-Home Supportive Services Program.

² New measures effective Fiscal Year 2004-05 to better reflect current strategic priorities



Aging & Independence Services

Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
In Home Supportive Services	151.00	148.00	148.00
Edgemoor	351.00	350.00	350.00
Veterans Services	8.00	8.00	8.00
Public Administrator/Guardian	42.00	38.00	38.00
Senior Health and Social Services	70.00	50.00	50.00
Protective Services	95.50	94.50	94.50
Administrative and Other Services	27.00	27.00	27.00
Total	744.50	715.50	715.50

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
In Home Supportive Services	\$ 185,822,092	\$ 183,656,551	\$ 187,839,619	\$ 187,735,394
Edgemoor	24,476,103	26,149,027	27,663,584	27,928,728
Veterans Services	680,376	693,931	695,128	696,293
Public Administrator/Guardian	3,082,646	3,070,248	3,151,971	3,161,034
Senior Health and Social Services	13,932,433	14,353,272	12,719,412	11,706,264
Protective Services	9,318,947	8,198,232	8,744,633	9,130,689
Administrative and Other Services	5,395,081	5,842,892	4,468,571	4,355,269
Total	\$ 242,707,678	\$ 241,964,156	\$ 245,282,918	\$ 244,713,671

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 47,287,159	\$ 45,431,208	\$ 48,076,325	\$ 48,290,924
Services & Supplies	186,268,190	189,667,795	186,967,212	186,183,366
Other Charges	230,000	163,185	230,000	230,000
Capital Assets Equipment	44,556	—	26,757	26,757
Operating Transfers Out	8,877,773	6,701,966	9,982,624	9,982,624
Total	\$ 242,707,678	\$ 241,964,156	\$ 245,282,918	\$ 244,713,671



Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Fines, Forfeitures & Penalties	175,200	164,057	175,200	175,200
Revenue From Use of Money & Property	179,437	166,895	179,437	179,437
Intergovernmental Revenues	167,419,155	169,260,308	167,810,586	166,933,373
Charges For Current Services	19,197,534	20,743,617	22,951,988	22,951,988
Miscellaneous Revenues	1,190,518	1,307,045	1,290,518	1,215,518
Other Financing Sources	40,552,285	38,817,951	42,152,285	42,152,285
General Revenue Allocation	13,993,549	11,504,283	10,722,904	11,105,870
Total	\$ 242,707,678	\$ 241,964,156	\$ 245,282,918	\$ 244,713,671

Behavioral Health Services



Department Description

Behavioral Health Services is a continuum of mental health, alcohol and other drug services for children, youth, families, adults, and older adults. Mental health clinicians, alcohol and drug counselors, and peers provide these services in a professional and respectful manner. Behavioral health services include prevention, treatment, and interventions that promote recovery and social well-being.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

Alcohol and Drug Services

Alcohol and Drug Services (ADS) provides leadership, planning, policy development, service coordination, and resource management for a comprehensive system of alcohol and other drug abuse prevention and treatment services. ADS works in partnership with service providers and other County agencies to deliver effective, culturally sensitive, and appropriate alcohol and other drug prevention and treatment services in community settings throughout San Diego County. Alcohol and other drug treatment, recovery and prevention services are provided exclusively through contracts with community-based organizations. ADS also provides treatment services to County probationers and State parolees in lieu of incarceration, as required by California Proposition 36.

2003-04 Accomplishments

Strategic Initiative – Kids

- Provided eligible youth timely access to adolescent drug residential treatment within an average of 11 days.

- Established “social host” ordinances in 15 of the 18 County cities, to hold adults accountable for serving minors alcohol in private residences.

Strategic Initiative – Safe and Livable Communities

- Identified substance abuse disorders early by providing 65,712 screening, brief intervention and referral services to patients served in emergency rooms, trauma, primary care and community settings.
- Provided 1,337 adults timely access to adult residential drug treatment within an average of six days.
- Achieved a success rate of 53% among all 1,002 Proposition 36 clients, indicating these clients, who have been in treatment for at least four months, met the goals of the treatment plan.
- Achieved positive treatment outcomes based on self-reports of 3,371 clients in which 83% said they were alcohol and drug-free six months following treatment.
- Achieved positive employment outcomes for ADS clients based on self-reports of 2,490 clients in which 88% said they were employed six months following treatment.
- Recognized in a recent report by the U.S. Department of Housing and Urban Development for the Serial Inebriate Project as a model program to reduce homelessness.



2004-06 Objectives

Strategic Initiative – Kids

- Increase self-sufficiency for 70% of 580 adolescents successfully discharged from alcohol and drug treatment by ensuring they will either complete high school or the equivalent, or enroll in an educational setting.

Strategic Initiative – Safe and Livable Communities

- Increase health and well-being for 55% of 7,300 adult and adolescent participants in an alcohol or drug treatment program for more than 30 days by ensuring successful completion of treatment.
- Ensure that 90% of all 7,300 adult and adolescent participants in an alcohol and drug treatment program for more than 30 days have not engaged in criminal activity resulting in a conviction during the treatment period.
- Increase self-sufficiency for 60% of 3,700 adult clients successfully discharged from alcohol and drug treatment by ensuring they are employed or have initiated employment preparation by the date of discharge.
- Help persons with both substance abuse and mental health problems obtain treatment services by ensuring that a minimum of 50 contracted alcohol and drug treatment programs with capacity to serve this population have a policy that accepts clients and provides services and/or appropriate referrals.

Required Discipline – Regional Leadership

- Begin integration of mental health, alcohol and other drug services into a behavioral health system that is responsive to the needs of children and adults, many of whom have co-occurring substance abuse and mental health problems.

Adult Mental Health Services

Adult Mental Health Services (AMHS) follows the philosophy, principles and practices that emphasizes the reduction of psychiatric hospitalization and provision of opportunities for mental health clients to become productive community members. Cultural diversity in treatment strategies is also emphasized. The population served is Medi-Cal eligible, uninsured, underinsured and/or indigent adults with a diagnosis indicating serious mental illness.

2003-04 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Provided 30,000 eligible adults timely access to mental health outpatient treatment within an average of nine days.
- Ensured that no more than 21% of 6,100 adult patients discharged from psychiatric hospitalization needed to be readmitted within 30 days of their release by linking those discharged to timely, appropriate services in the community.
- Achieved an average of an 8-point improvement in clients' ability to function across a variety of dimensions—communication, judgment, personal hygiene, social interactions—on the 100-point Global Assessment of Functioning scale for adult mental health clients in 24-hour programs.
- Implemented a recovery-based disease management project (San D/MAP) in two of the five County-operated clinics to improve client services by encouraging active participation. The best scientific evidence is used in prescribing medications, and patients are educated to be active participants in managing their own illness.
- Recognized by the State for having a high performing Homeless Integrated Services program (Assembly Bill [AB] 2034/ Reaching Out and Engaging to Achieve



Consumer Health [REACH]) that provides housing, mental health, and rehabilitation services to 250 homeless mentally ill clients.

- Implemented the Dual Diagnosis initiative by providing training, technical assistance and consultation to 22 contracted programs on integrated treatment approaches for those clients with both substance abuse and mental health problems.

2004-06 Objectives

Strategic Initiative – Safe and Livable Communities

- Ensure an estimated 30,000 eligible adults are assessed by a mental health professional and referred to mental health outpatient treatment within 21 days.
- Ensure that no more than 23% of an estimated 6,000 adult patients discharged from psychiatric hospitalization need to be readmitted within 30 days of their release by linking these clients to effective outpatient treatment.

Required Discipline – Regional Leadership

- Begin integration of mental health, alcohol and other drug services into a behavioral health system that is responsive to the needs of children and adults, many of whom have both substance abuse and mental health problems.

Children’s Mental Health Services

Children’s Mental Health Services (CMHS) provides aid to children and adolescents who are emotionally disturbed, and their families. CMHS offers a wide variety of mental health services that are comprehensive and community-based ranging from early intervention to residential services. CMHS works in partnership with families, public agencies who serve children and youth, providers and the community to achieve effective outcomes.

2003-04 Accomplishments

Strategic Initiative – Kids

- Prevented the need for out-of-home placement for 95% of 130 seriously emotionally disturbed children and youth who are served by the Children’s Mental Health Services (CMHS) Initiative, in which an array of services are provided to improve their well-being and ability to function.
- Provided school-based mental health services to 252 schools, an increase from 235 schools last year. Mental health staff provides assessments, treatment, medication and case management.
- Provided 11,000 eligible children and youth timely access to mental health outpatient treatment within an average of 9 days.

2004-06 Objectives

Strategic Initiative – Kids

- Ensure an estimated 11,000 children and youth are assessed by a mental health professional and referred to mental health outpatient treatment within 21 days.
- Prevent the need for out-of-home placement for 70% of seriously emotionally disturbed children and youth served by the CMHS Initiative.

Required Discipline – Regional Leadership

- Begin integration of mental health, alcohol and other drug services into a behavioral health system that is responsive to the needs of children and adults who have co-occurring substance abuse and mental health problems.



Changes from 2003-04 Adopted

Staffing

- Includes a staffing reduction of 35.49 staff years due to reductions in State funding for specific programs, inadequate State funding to support cost of doing business increases and caseload growth, and the State's failure to provide funding for mandated services.
- Administrative and support functions will be reduced across Behavioral Health Services. In addition, for Alcohol and Drug Services, impacts include a reduction in several juvenile justice programs that provide assessment, treatment and case management for juveniles. Also, there will be reductions in several alcohol and drug treatment facilities, and reduction of Proposition 36 treatment services to County probationers and State parolees in lieu of incarceration. For Adult Mental Health Services, the number of beds in long-term care facilities for adults with psychiatric disorders will be reduced, and some day rehabilitation clients will be transitioned to less intensive levels of mental health care in the community. For Children's Mental Health Services, some children and youth with serious emotional disorders will receive a lower level of service through the wraparound-based Children's Mental Health Initiative. There will also be a reduction in outpatient, forensic mental health and inpatient capacity for children's mental health. Also built into the Operational Plan is the assumption that additional savings will be achieved through a managed competition process for selected Mental Health Services.
- Decrease of 41.49 staff years, not related to managed competition in Mental Health Services, due to reductions in funding and shifts to a more efficient service delivery model.
- Net increase of 6.00 staff years in Central ADS due to the transfer of six staff from Regional Operations.

Expenditures

Includes expenditure decreases of \$4.1 million:

- \$2.7 million decrease in Salaries and Benefits.
 - \$3.4 million decrease in Mental Health Services due to planned program efficiencies.
 - \$0.6 million net increase in ADS due to the shifting of Regional staff to Central ADS.
- \$1.4 million net decrease in Services and Supplies, Other Charges, and Capital Assets Equipment costs.
 - \$5.9 million net increase in AMHS, including a \$3.2 million increase in AMHS for jail pharmacy costs, and an increase of contracted services aligned with the decrease in Salaries and Benefits.
 - \$3.8 million net decrease in CMHS, primarily in contracted services.
 - \$3.3 million net decrease in ADS, consisting of a reduction in contracts, offset by increases in consultant contracts and other services and supplies costs.

Revenues

Includes revenue decreases of \$4.1 million:

- \$2.0 million increase in use of Fund Balance from projected available Agency-wide fund balance in ADS to help mitigate the shortfall in available State funds.
- \$6.5 million decrease for Mental Health Services in Intergovernmental Revenues for State and Medi-Cal revenue to align with State cuts.
- \$4.3 million decrease in Intergovernmental Revenues for ADS due to reductions in State grants, Substance Abuse Recovery Management System (SARMS), and Prop 36 programs.
- \$0.8 million decrease attributable to Charges for Current Services due to outsourcing pharmacy services.
- \$1.6 million increase in Other Financing Sources, associated with Mental Health Realignment and Tobacco Tax Settlement revenue.



- \$4.8 million increase in Miscellaneous Revenues - Federal Individuals with Disabilities Education Act (IDEA) and Federal Emergency Management Agency (FEMA).
- \$0.9 million decrease in General Purpose Revenue Allocation.

Significant Changes in Fiscal Year 2005-06

Expenditures and Revenues will decrease by \$7.5 million, due to a loss of one-time funding and savings due to the implementation of the more efficient service delivery model, with no changes in staffing.



Performance Measures	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent*	N/A	N/A	70%	70%
Participants in alcohol and drug treatment more than 30 days who do not engage in criminal activity during treatment period*	N/A	N/A	90%	90%
Participants in alcohol and drug treatment more than 30 days who successfully complete treatment*	N/A	N/A	55%	55%
Adults discharged from alcohol and drug treatment who are employed or in employment prep activities*	N/A	N/A	60%	60%
Wait time for adult mental health outpatient treatment	28 days	9 days	21 days ¹	21 days ¹
Adult patients discharged from psychiatric hospitalization readmitted within 30 days	23%	21%	23%	23%
Wait time for children's mental health outpatient treatment	28 days	9 days	21 days ¹	21 days ¹
Residential placement avoided for children and youth served in the CMHS Initiative	70%	95%	70% ²	70% ²
Screening, brief intervention and referral services provided for substance abuse disorders**	90,000	65,712 ³	N/A	N/A
Wait time for adolescent residential drug treatment**	25 days	11 days	N/A	N/A
Wait time for adult residential drug treatment**	21 days	6 days	N/A	N/A
Proposition 36 clients (in treatment at least 4 months) successfully completing treatment**	40%	53%	N/A	N/A
Clients alcohol and drug free 6 months after treatment**	80%	83%	N/A	N/A
Clients engaged in employment prep activities or employment 6 months following alcohol and drug treatment**	86%	88%	N/A	N/A
Adult mental health clients GAF Scale levels in 24-hour period**	+8 GAF Points	+8 GAF Points	N/A	N/A

* New measures effective Fiscal Year 2004-05 to better reflect current strategic priorities.



** These measures will not be reported in future Operational Plans as the Agency continues to replace some measures with alternative measures that better reflect current strategic priorities.

¹ Anticipated State budget reductions may impact wait times. The target will be revisited next fiscal year should performance continue to be significantly better than the target.

² Due to the consolidation of the CMHS Initiative, the population being served will expand to include children and youth requiring a higher level of care (psychiatric hospitalization). As a result, the proposed target remains the same as this year's adopted target, even though high performance levels suggest that the target be raised.

³ Fewer screenings were conducted (65,712) than the Agency target (90,000). The contract for screening, brief intervention and referral services was terminated in December 2003 due to lack of funding.



Behavioral Health Services

Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Alcohol and Other Drug Services	36.00	42.00	42.00
Adult Mental Health Services	425.58	400.75	400.75
Children's Mental Health Services	212.91	196.25	196.25
Total	674.49	639.00	639.00

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Alcohol and Other Drug Services	\$ 50,588,420	\$ 46,141,896	\$ 47,895,582	\$ 45,928,389
Adult Mental Health Services	126,003,660	124,923,113	127,928,178	123,381,954
Children's Mental Health Services	88,729,698	81,075,485	85,395,572	84,439,508
Total	\$ 265,321,778	\$ 252,140,495	\$ 261,219,332	\$ 253,749,851

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 52,875,312	\$ 51,807,600	\$ 50,156,153	\$ 49,900,536
Services & Supplies	210,062,438	197,992,330	208,763,117	201,551,378
Other Charges	2,379,835	2,415,654	2,333,369	2,331,244
Capital Assets Equipment	37,500	—	—	—
Expenditure Transfer & Reimbursements	(33,307)	(75,090)	(33,307)	(33,307)
Total	\$ 265,321,778	\$ 252,140,495	\$ 261,219,332	\$ 253,749,851



Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Fund Balance	—	—	2,000,000	—
Intergovernmental Revenues	156,014,754	134,257,071	145,153,270	140,077,268
Charges For Current Services	1,670,466	1,527,913	973,751	723,751
Miscellaneous Revenues	270,000	6,549,356	5,024,050	4,095,000
Other Financing Sources	87,872,560	86,858,997	89,434,947	89,396,793
General Revenue Allocation	19,493,998	22,947,158	18,633,314	19,457,039
Total	\$ 265,321,778	\$ 252,140,495	\$ 261,219,332	\$ 253,749,851

Child Welfare Services



Department Description

Child Welfare Services (CWS) protects children, preserves families, and supports communities by delivering culturally competent, family-centered and child-focused services that focus on safety, permanence, and the well-being of children. Staff investigate reports of suspected child abuse and neglect, and provide referrals for early intervention as well as court ordered services for those families and children who must be separated. CWS also administers Polinsky Children's Center, a 24-hour facility for the temporary emergency shelter of children, and San Pasqual Academy, a state-of-the-art residential education campus for foster youth.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

2003-04 Accomplishments

Strategic Initiative – Kids

- Unified or reunified 98% of 4,341 foster children with a permanent family. These children were reunified with their families, adopted, or placed with a guardian.
- Ensured that 74% of 175 foster children in 12th grade achieved high school completion, which is key to future success.
- Opened three homes for the Transitional Living Program on the San Pasqual Academy to assist youth in transitioning from foster care into the community.

2004-06 Objectives

Strategic Initiative – Kids

- Strengthen Child Welfare Services by managing to achieve State and federal accountability outcomes for the safety, permanency and the well-being of children. Precise targets for these outcomes have been established. Some of the objectives for safety are:

- Respond within 24 hours to 94.4% of the total number of hotline referrals in order to assist children in need of protective services.
- Ensure that no more than 14.6% of the total number of children who have a substantiated referral of abuse/neglect have a subsequent substantiated referral within 12 months.
- Ensure that 90% of children in homes where the family is receiving services do not have a recurrence of abuse/neglect within 12 months.
- Some of the objectives for permanency are:
 - Ensure that no more than 13.4% of all former foster children re-enter foster care within 12 months of reunification.
 - Place foster children with their own siblings (66.4% of foster children with at least one sibling and 42% with all siblings).
- Ensure that 90% of relative caregiver approvals are completed accurately and within 12 months after original assessment.
- Ensure that by Fiscal Year 2004-05, 75% of all foster youth in the 12th grade achieve high school completion (diploma, certificate or equivalent), and 77% by Fiscal Year 2005-06, to promote self-sufficiency, as they become adults.



Required Discipline – Essential Infrastructure

- Develop plans for renovation of a dormitory at the San Pasqual Academy.

Changes from 2003-04 Adopted

Staffing

Includes staffing reductions of 95.25 staff years due to reductions in State funding for specific programs, inadequate State funding to support increased cost of doing business, and caseload growth. Child Welfare Services staff will be reduced, including regional, residential and central support staff to social workers, and supervisory and management staff. This will result in elimination or reduction of discretionary, non-mandated levels of service. This includes elimination of a delinquency-based program targeted to certain dependent children.

Other impacts include a reduction in Adoptions staff with potential for reduced adoptive placements, and reduction in the day treatment program at the Polinsky Children's Center.

Expenditures

Includes increases in expenditures of \$16.1 million:

- \$1.0 million net increase in Salaries and Benefits due to negotiated salaries and benefits offset by the costs associated with the reduction of 95.25 staff years.
- \$4.3 million net increase in Services and Supplies:
 - \$1.5 million increase in appropriations due to estimated one-time costs associated with the State's mandated redesign of the Child Welfare Services Program and implementation of new accountability standards.
 - \$2.1 million net increase for contracts primarily for Promoting Safe and Stable Families (PSSF).

- \$1.2 million increase for facilities and maintenance costs.
- \$0.5 million net decrease in other Services and Supplies to align with expected State budget levels.
- \$10.8 million increase in Other Charges for entitlement payments due to projected increase in caseload growth and costs:
 - \$8.5 million increase for Aid to Adoptive Children payments.
 - \$2.3 million increase for Foster Care payments.

Revenues

- Includes increases in revenues of \$16.1 million:
- \$9.1 million net increase in Intergovernmental Revenues:
 - \$7.5 million increase in State and federal entitlements associated with the increases in Aid to Adoptive Parents and Foster Care.
 - \$1.8 million increase in PSSF funds.
 - \$0.8 increase in other Social Service revenues to offset increased costs.
 - \$1.0 million decrease in Early Periodic Screening, Diagnosis and Treatment (EPSDT) and Crime Prevention Act of 2000 revenues to align with available funding.
- \$0.3 million net decrease in Miscellaneous Revenues, resulting from \$0.7 million increase in Kinship Support Services Program funding, Substance Abuse and Mental Health Services Administration grant and Kinship Emergency Fund offset by \$1.0 million decrease in anticipated donations for San Pasqual Academy.
- \$7.3 million increase in Other Financing Sources resulting from an operating transfer of Social Services Realignment to fund caseload increases for Foster and Aid to Adoptive Children and for increased costs of doing business.



Significant Changes in Fiscal Year 2005-06

Expenditures and Revenues will decrease by \$1.5 million, primarily due to reduced Services and Supplies. There is no change in staffing.



Performance Measures	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
Response to urgent referral within 24 hours*	95%	96%	94.4%	94.4%
Subsequent substantiated referral of abuse/neglect within 12 months (not to exceed target)*	N/A	N/A	14.6%	14.6%
No-recurrence of abuse/neglect within 12 months for children in homes where the families are receiving services*	N/A	N/A	90%	90%
Foster children re-entering foster care within 12 months of reunification (not to exceed target)*	N/A	N/A	13.4%	13.4%
Foster care children placed with all siblings*	N/A	N/A	42%	42%
Foster care children placed with at least one sibling*	N/A	N/A	66.4%	66.4%
Foster children in 12 th grade who achieve high school completion (diploma, certificate or equiv.)	72%	74%	75%	77%
Foster children in permanent placement who are visited by a caseworker every two months**	90%	96%	N/A	N/A
Number of children placed in adoptive homes**	648	600	N/A	N/A
Children who unify or reunify with a permanent family (reunified with family, adopted, place with guardian)**	90%	98%	N/A	N/A

* These Agency measures are consistent with the framework of Assembly Bill (AB) 636, the Child Welfare System Improvement and Accountability Act of 2001. This framework focuses on outcomes defined in terms of safety, permanency and well-being of children, and is consistent with outcomes used in the federal Child and Family Services Review. Precise targets for these outcomes have been established, as this table reflects.

**These measures are being replaced with new measures consistent with the framework of Assembly Bill 636.



Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Child Welfare Services	568.50	486.00	486.00
Foster Care	117.75	123.00	123.00
Adoptions	155.00	137.00	137.00
Total	841.25	746.00	746.00

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Child Welfare Services	\$ 52,554,491	\$ 53,611,030	\$ 56,222,155	\$ 53,964,015
Foster Care	140,951,501	150,267,806	162,145,483	162,485,986
Adoptions	20,616,200	11,032,431	11,900,592	12,358,952
Total	\$ 214,122,192	\$ 214,911,268	\$ 230,268,230	\$ 228,808,953

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 51,908,171	\$ 48,843,174	\$ 52,911,445	\$ 52,763,291
Services & Supplies	18,363,538	21,591,333	22,635,353	21,324,230
Other Charges	143,850,483	144,451,916	154,721,432	154,721,432
Capital Assets Equipment	—	24,843	—	—
Total	\$ 214,122,192	\$ 214,911,268	\$ 230,268,230	\$ 228,808,953

Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Revenue From Use of Money & Property	584,308	707,408	584,308	584,308
Intergovernmental Revenues	158,428,487	213,154,160	167,511,638	167,511,638
Charges For Current Services	284,270	376,292	284,270	284,270
Miscellaneous Revenues	1,085,314	448,045	755,472	755,472
Other Financing Sources	39,253,170	40,041,130	46,570,228	46,570,228
General Revenue Allocation	14,486,643	(39,815,767)	14,562,314	13,103,037
Total	\$ 214,122,192	\$ 214,911,268	\$ 230,268,230	\$ 228,808,953

Public Health Services



Department Description

Public health is government working together in partnership with private organizations and community-based professionals to promote healthy behaviors, prevent disease and injury, protect individual and community health, assure access to health care, eliminate disparities in health status, protect the environment and increase the years and quality of healthy life. The functions of assessment, assurance and policy and program development are core activities for the field of public health. Providing public health protection for County residents is a multidisciplinary and collaborative effort, involving other County Groups, as well as the local health care provider network, communities and individuals.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

2003-04 Accomplishments

Strategic Initiative – Kids

- Fully immunized 88% of 2,403 two-year old children served by the regional public health centers, exceeding the recent State (76%) and national (73%) rates for fully immunized children.
- Ensured that about 74% of 1,578 pregnant women, who did not have prenatal care when they first contacted the Perinatal Care Network, reported receiving prenatal care within 30 days of their first contact, which promotes good birth outcomes.
- Disseminated 54,000 pieces of educational material to increase public awareness about the growing problems of childhood obesity and diabetes.

Strategic Initiative – Safe and Livable Communities

- Achieved all 14 of the federal and State critical benchmarks for bioterrorism preparedness.

- Responded to and initiated an investigation of 97% of 155 cases within 24 hours of report for selected diseases, including response to the E. coli outbreak which required coordination with the County Department of Environmental Health and the State.
- Administered smallpox vaccine to a total of 124 hospital, public health, law enforcement, and other disaster response staff to ensure their preparedness in case of an outbreak.
- Increased by 14%, to a total of 684, the number of physicians, health care, and emergency management personnel enrolled in the Emergency Medical Alert Network (EMAN), an Internet-based communication network that links the Health and Human Services Agency (HHS) with health professionals.
- Ensured that 79% of 11,000 Human Immunodeficiency Virus (HIV) tests were administered to high-risk individuals, so as to delay the onset and prevent the spread of Acquired Immune Deficiency Syndrome (AIDS).
- Ensured that 54% of 600 Tuberculosis (TB) infected contacts began and completed treatment to prevent the spread of this communicable disease.



- Trained 93% of 5,827 total staff in the Health and Human Services Agency on Workforce Readiness and Preparedness curriculum to improve the County's bioterrorism preparedness.
- Provided information to 24,500 community members on the risk factors of obesity and diabetes.

2004-06 Objectives

Strategic Initiative – Kids

- Achieve 85% immunization coverage for approximately 2,500 children age 24 months served by public health centers to prevent the spread of childhood communicable diseases and keep children healthy.
- Ensure at least 60% of approximately 1,500 pregnant women report receiving prenatal care within 30 days of their first contact with the Perinatal Care Network, since proper prenatal care contributes to good birth outcomes.

Strategic Initiative – Safe and Livable Communities

- Conduct three drills or exercises with public health staff and with community partners to evaluate the County's level of preparedness for public health hazards and modify written preparedness plans based on findings as appropriate.
- Ensure that a minimum of 95% of cases, for selected diseases, will be contacted and an investigation initiated by Epidemiology staff within 24 hours of report as the first line of defense in protecting the community's health.
- Increase by 80 (from 684 to 764) the number of physicians, healthcare, and emergency management personnel enrolled in EMAN who are alerted when there is a new disease control measure or when a health disaster occurs.

- Ensure 90% of an estimated 600 contacts to infectious TB cases are evaluated, according to the Centers for Disease Control and Prevention standards, to prevent the spread of this communicable disease in the community.
- Ensure that 75% of approximately 15,000 people tested for HIV meet the high-risk definition for HIV in order to prevent and control the spread of infection in San Diego County, which has the third highest number of AIDS cases of all California counties.

Changes from 2003-04 Adopted

Staffing

Includes a staffing reduction of 21.00 staff years due to reductions in State funding for specific programs, inadequate State funding to support the increased cost of doing business, and caseload growth. Administrative and support functions will be reduced across Public Health Services. The impact will be a reduction in public health promotions and community planning activities, including chronic disease prevention activities.

Expenditures

Includes a decrease in expenditures of \$1.2 million:

- \$0.4 million net increase in Salaries and Benefits due to negotiated labor agreements increases, offset by the costs associated with the reduction in staffing of 18.00 staff years.
- \$1.6 million net reduction within Services and Supplies:
 - \$0.5 million decrease in Contracted Services HIV Programs due to a loss of categorical grant funding.
 - \$0.4 million decrease in Printing and Office Supplies
 - \$0.2 million decrease in Medical and Lab Supplies.
 - \$0.5 million decrease in other miscellaneous accounts.
- \$67,000 reduction in Other Charges due to reductions in anticipated service costs.



Revenues

- Decrease in net revenues of \$1.2 million in a variety of areas due to anticipated reductions in State and federal revenue and Realignment, offset by increases in fee revenue:
- \$1.6 million reduction in Intergovernmental Revenues due to anticipated reductions in State and federal revenues in Lead Poisoning, non-core Bioterrorism, Immunization Rate analysis, and HIV services.
- \$1.3 million increase in Charges for Current Services, primarily in Vital Record and Emergency Medical Services (EMS) fees.

- \$0.8 million decrease in Miscellaneous Revenue due to anticipated reductions in grant funding.
- \$1.2 million reduction in Other Financing Sources, including reductions in Tobacco Settlement and available Health Realignment.
- \$1.1 million increase in General Purpose Revenue Allocation due to increases in Juvenile Probation Physical Health Services.

Significant Changes in Fiscal Year 2005-06

Expenditures and Revenues are proposed to increase by \$0.6 million, with no changes in staffing.



Performance Measures	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
Drills or exercises with HHSA staff and community partners conducted*	N/A	N/A	3	3
Number of health care personnel enrolled in the Emergency Medical Alert Network (EMAN)	870	684 ¹	764 ¹	764 ¹
Immunization coverage rate for two year olds in regional public health centers	85%	88%	85%	85%
Women with prenatal appointment within 30 days of contact	50%	75%	60% ²	60% ²
Selected communicable diseases cases contacted/investigations initiated within 24 hours	95%	97%	95%	95%
High-risk clients of all those tested for HIV	65%	79%	75% ³	75% ³
Contacts of infectious TB cases evaluated*	N/A	N/A	90%	90%
Federal and State critical preparedness benchmarks achieved (14 total)**	14	14	N/A	N/A
TB infected contacts that are started on treatment complete treatment**	70%	54% ⁴	N/A	N/A

*New measures effective Fiscal Year 2004-05 to better reflect current strategic priorities.

**These measures will not be reported in future Operational Plans as the Agency continues to replace some measures with alternative measures that better reflect current strategic priorities.

¹ Beginning Fiscal Year 2003-04, EMAN enrollee counts have been adjusted to reflect only members of the medical and emergency management community. Previously, selected County staff had been included in the total counts. The targets for Fiscal Years 2004-06 also reflect the revised definition.

² Based on projected funding, the proposed target for prenatal appointments of 60% is less aggressive than high performance levels would suggest it should be.

³ As a result of the Agency's success in targeting HIV testing to those at highest-risk, the target was raised for Fiscal Years 2004-06 to 75% from the Fiscal Year 2003-04 target of 65%. The target will be re-visited next fiscal year should performance continue to be significantly above target. Targeting of HIV testing reflects efficient use of public health resources.

⁴ A lower percentage of tuberculosis-infected contacts (54%), that are started on treatment complete treatment for TB infection than is the Agency target of 70%. A number of efforts are underway to improve results, including: a review of policies and procedures, specialized training of nurses on contact follow-up, streamlined data systems, and an improved quality assurance process.



Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Administration and Other Services	43.50	42.50	42.50
Bioterrorism / EMS	43.00	38.50	38.50
Infectious Disease Control	135.20	124.70	124.70
Surveillance	96.00	94.50	94.50
Prevention Services	81.17	77.67	77.67
Total	398.87	377.87	377.87

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Administration and Other Services	\$ 10,823,158	\$ 9,648,813	\$ 11,639,623	\$ 11,219,728
Bioterrorism / EMS	11,289,491	13,897,676	12,186,250	12,166,657
Infectious Disease Control	24,279,806	26,423,907	23,941,365	23,999,198
Surveillance	10,840,643	10,225,266	11,028,020	11,229,291
Prevention Services	17,785,229	16,763,825	14,571,494	14,936,817
Ambulance CSA's - Health & Human Services	4,315,023	3,992,489	4,747,658	5,153,014
Total	\$ 79,333,350	\$ 80,951,979	\$ 78,114,410	\$ 78,704,705

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 30,972,760	\$ 28,251,274	\$ 31,376,580	\$ 31,930,926
Services & Supplies	46,914,781	50,874,407	45,338,730	45,383,402
Other Charges	1,566,709	1,534,648	1,500,000	1,500,000
Capital Assets Equipment	76,000	388,132	96,000	87,277
Expenditure Transfer & Reimbursements	(196,900)	(141,050)	(196,900)	(196,900)
Operating Transfers Out	—	44,566	—	—
Total	\$ 79,333,350	\$ 80,951,979	\$ 78,114,410	\$ 78,704,705



Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Fund Balance	189,100	189,100	—	—
Taxes Current Property	818,400	1,022,663	915,675	1,024,104
Taxes Other Than Current Secured	16,800	20,160	17,206	17,524
Licenses Permits & Franchises	338,507	328,472	338,507	338,507
Fines, Forfeitures & Penalties	1,971,832	2,356,885	1,869,630	1,869,630
Revenue From Use of Money & Property	54,900	180,102	44,000	44,000
Intergovernmental Revenues	41,228,503	46,498,108	39,608,404	39,403,878
Charges For Current Services	6,479,869	7,200,567	7,769,876	8,073,527
Miscellaneous Revenues	1,452,047	685,647	834,938	844,619
Other Financing Sources	25,872,861	24,405,906	24,666,142	25,038,885
General Revenue Allocation	910,531	(1,935,631)	2,050,032	2,050,031
Total	\$ 79,333,350	\$ 80,951,979	\$ 78,114,410	\$ 78,704,705

Administrative Support



Department Description

The Agency's support divisions play an important role providing essential financial, administrative, contract, and planning support to the Agency's regions and divisions. They are essential to maintaining a high level of operational excellence and adherence to required disciplines. Financial and Support Services; Human Resources; Information Technology; Agency Contract Support; and Strategy and Planning divisions are included, as well as the Compliance Office and the Office of Resource Development within the Agency Executive Office.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

2003-04 Accomplishments

Strategic Initiative – Kids

- Obtained \$125,000 in federal funding for the information technology infrastructure for San Pasqual Academy, in collaboration with the Office of Strategy and Intergovernmental Affairs (OSIA).
- Assisted Child Welfare Services to develop outcome based contracts, including convening community meetings and "industry" days to gather input for a pilot Request for Proposal.
- Hosted parenting conference attended by over 400 parents, providing information on children's health, dental and other community resources.
- Utilized Geographic Information Systems (GIS) for key analyses, such as public transportation accessibility for welfare-to-work clients.

Strategic Initiative – Safe and Livable Communities

- Utilized GIS Consequence Assessment Tool Set, a geospatial tool, for determining the County's level of emergency preparedness.

- Responded to Firestorm 2003 by utilizing GIS to track movement of wildfires relative to Agency facilities.
- Implemented a new state-of-the-art Quality Assurance Net, a system connecting all emergency service providers on one network to reduce response times during emergency situations.
- Coordinated media activities during West Nile Virus, Severe Acute Respiratory Syndrome (SARS), E. coli and flu outbreaks.
- Obtained \$500,000 in federal appropriations for the reconstruction of the Edgemoor Healthcare Campus.
- Sponsored State legislation requiring background checks for In-Home Supportive Services, in coordination with OSIA.
- Obtained \$8.6 million in grants or revenues for 56 Agency and community programs from federal, corporate, and private foundations.
- Conducted twice-yearly evacuation drills at all of the Agency's 32 facilities, and completed planning for the continuation of operations in the event of an emergency for 303 Agency subprograms.

Required Discipline – Fiscal Stability

- Reduced by 15% (over \$180,000 in savings) work-related injuries through safety training and workplace assessments.



Administrative Support

Required Discipline – Information Management

- Provided ongoing coordination and support of release of new financial software; all four modules successfully implemented.
- Communicated to staff up-to-date results on measures of Agency risks and priorities through performance measurement application and products.

Required Discipline – Accountability/Transparency

- Issued an invoice review policy to improve accountability for contract dollars.
- Provided Health Insurance Portability Accountability Act training in all divisions and regions to ensure staff adheres to federal patient confidentiality requirements.
- Implemented an anonymous toll free hotline for employees reporting potential fraud or misconduct.

2004-06 Objectives

Strategic Initiative – Kids

- Participate in the County's review of the child welfare system in order to strengthen the system and respond to State and federal accountability reforms.
- Meet 95% of California Work Opportunities and Responsibility to Kids (CalWORKs) Welfare Information Network milestones to continue to prepare for implementation of this new information system for tracking welfare services.
- Work with OSIA and Washington DC representatives to obtain additional funding for San Pasqual Academy.

Strategic Initiative – Safe and Livable Communities

- Obtain reimbursement for five times the cost to operate Office of Resource Development in external grants and/or revenues to benefit the community and Agency during tight financial times.

- Ensure Agency subject matter experts are trained by hosting a workshop in developing legislative sponsorship proposals.

Required Discipline – Fiscal Stability

- Initiate three revenue projects with the goal of enhancing the management of the Agency's revenues.

Required Discipline – Skilled, Competent Workforce

- Complete 95% of performance reports on time so that staff receives feedback on their performance.

Required Discipline – Information Management

- Conduct five workshops on advanced data analysis and usage to educate staff on how to use data to support decision-making.

Required Discipline – Accountability/Transparency

- Develop a performance work statement for 10% of those contracts identified in a performance-based services contracting plan where alternatives to cost reimbursement contracts can be applied.
- Begin ensuring that 70% of Agency has a compliance risk assessment completed by the end of the fiscal year.
- Ensure that 97% of contracts sampled are monitored according to a monitoring plan.
- Conduct two operations research reviews to improve program performance and operational efficiencies.

Required Discipline – Continuous Improvement

- Convene four "Deep Dives," management team meetings focusing on key performance challenges in Agency programs.

Changes from 2003-04 Adopted

Staffing

Staffing is reduced by 23.50 staff years due to reductions in State funding for specific programs, and inadequate State funding to support the increased cost of doing business and



caseload growth. Reduced staffing will impact administrative service levels to other Agency programs and County departments.

Expenditures

Includes increased expenditures of \$1.9 million:

- \$0.5 million net increase in Salaries and Benefits due to increased costs of doing business.
- \$0.9 million net decrease in Services and Supplies due to \$3.8 million decrease in information technology costs, structural improvement projects, professional and specialized services, and office expenses, offset by \$2.8 million increase in Internal Service Fund (ISF) costs, transfer of Child Abuse Prevention, Intervention & Treatment program, and increases in the Public Health Laboratory remodel project.
- \$0.1 million decrease in Other Charges as a result of the implementation of Oracle Requisition System.
- \$0.1 million decrease in Capital Assets Equipment due to the cancellation of the planned purchase of emergency generators.
- \$2.5 million increase in Management Reserves based on projected Fiscal Year 2003-04 available Agencywide fund balance.

Revenues

Includes increased revenues of \$1.9 million:

- \$5.4 million increase in Intergovernmental Revenue due primarily to a \$4.3 million increase in Tobacco Tax Settlement for the Public Health Laboratory Remodel project, which includes \$3.0 million of Bio-Terrorism related rollover funds and an increase of \$1.3 million to complete the project, and an increase of \$1.1 million from CalWIN program and Child Abuse State Aid.
- \$0.7 million increase in Charges for Current Services due to projected Child Abuse Fees.
- \$7.4 million decrease in Miscellaneous Revenues to align with projected available funding.
- \$2.1 million net decrease in Other Financing Sources due to an increase in Social Services Realignment, offset by decrease in Securitized Tobacco Settlement funds.
- \$0.5 million decrease in budgeted use of Fund Balance.
- \$5.8 million increase in net General Purpose Revenue Allocation as a result of funding and shifts to other programs and divisions within HHSA.

Significant Changes in Fiscal Year 2005-06

Expenditures will decrease by \$2.7 million, primarily due to additional reductions in office expenses, specialized and professional services and structural improvement projects. There is no change in staffing.



Administrative Support

Performance Measures	2003-04 Adopted	2003-04 Actual	2004-05 Adopted	2005-06 Approved
Revenue projects initiated*	N/A	N/A	3	3
Dollars obtained by Office of Resource Development for Agency and community programs*	N/A	N/A	\$2.7 million	\$2.7 million
Milestones for new welfare services information system achieved*	N/A	N/A	95%	95%
Performance work statements developed for contracts identified in contracting plan*	N/A	N/A	10%	10%
Performance reports completed on time	95%	97%	95%	95%
Workshops on advanced data analysis and usage convened*	N/A	N/A	5	5
Contracts (sampled) that have monitoring plans that meet required elements	90%	91%	97%	97%
Agency priority performance measures that are refreshed in timely fashion in <i>pbviews</i> application**	85%	92%	N/A	N/A

* New measures effective Fiscal Year 2004-05 to better reflect current strategic priorities.

**This measure will not be reported in future Operational Plans as the Agency continues to replace some measures with alternative measures that better reflect current strategic priorities.



Staffing by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Agency Executive Office	21.00	19.50	19.50
Agency Contract Support	25.00	22.00	22.00
Financial Services Division	194.00	184.00	184.00
Human Resources	66.00	62.00	62.00
Information Technology	13.00	12.00	12.00
Proposition 10	16.00	16.00	16.00
Strategy and Planning Division	30.00	26.00	26.00
Total	365.00	341.50	341.50

Budget by Program

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Agency Executive Office	\$ 7,009,269	\$ 3,418,996	\$ 10,518,570	\$ 6,267,802
Agency Contract Support	2,208,487	2,263,193	2,403,372	2,420,254
Financial Services Division	23,703,794	18,428,565	23,384,494	23,489,754
Human Resources	5,725,910	4,660,406	5,642,042	5,681,461
Information Technology	18,497,636	23,032,137	15,604,860	16,937,662
Proposition 10	1,253,898	1,103,931	1,268,538	1,311,796
Strategy and Planning Division	3,798,415	2,396,718	5,243,239	5,265,333
Total	\$ 62,197,409	\$ 55,303,950	\$ 64,065,115	\$ 61,374,062

Budget by Categories of Expenditures

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Salaries & Employee Benefits	\$ 25,791,587	\$ 23,262,379	\$ 26,316,686	\$ 27,043,151
Services & Supplies	36,115,868	31,961,387	35,123,049	31,705,531
Other Charges	69,574	62,498	5,000	5,000
Capital Assets Equipment	220,380	17,685	120,380	120,380
Management Reserves	—	—	2,500,000	2,500,000
Total	\$ 62,197,409	\$ 55,303,950	\$ 64,065,115	\$ 61,374,062



Administrative Support

Budget by Categories of Revenues

	Fiscal Year 2003-2004 Adopted Budget	Fiscal Year 2003-2004 Adjusted Actuals	Fiscal Year 2004-2005 Adopted Budget	Fiscal Year 2005-2006 Approved Budget
Fund Balance	3,000,000	3,000,000	2,500,000	2,500,000
Taxes Other Than Current Secured	—	15	—	—
Revenue From Use of Money & Property	—	266	—	—
Intergovernmental Revenues	35,504,343	9,552,132	40,961,273	37,980,513
Charges For Current Services	23,494	252,524	676,663	676,663
Miscellaneous Revenues	7,919,620	441,423	540,223	540,223
Other Financing Sources	25,415,736	24,519,214	23,262,170	24,583,992
General Revenue Allocation	(9,665,784)	17,538,376	(3,875,214)	(4,907,329)
Total	\$ 62,197,409	\$ 55,303,950	\$ 64,065,115	\$ 61,374,062